IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

| In Re: Terry M Zernick & Joshua P. | |
|---|---|
| Zernick, | : Bankruptcy No. 22-70242 |
| D.1. | : · · · · · · · · · · · · · · · · · · · |
| Debtors | : Clause 12 |
| | : Chapter 13 |
| Movant | • |
| 1120 Tulle | : Related to Document No. 30 |
| v. | : |
| | : |
| No Respondent | : |
| AME | NDMENT COVER SHEET |
| Amendment(s) to the following petition, | list(s), schedule(s), or statement(s) are transmitted herewith: |
| Voluntary Petition - Specify reas | on for amendment: |
| Official Form 6 Schedules (Itemi | ization of Changes Must Be Specified) |
| Summary of Schedules | · |
| Schedule A - Real Property | |
| Schedule B - Personal Property | |
| Schedule C - Property Claimed a | |
| Schedule D - Creditors holding S | Secured Claims |
| Check one: | 1 |
| Creditor(s) adde | |
| NO creditor(s) a | |
| Creditor(s) dele | |
| Schedule E - Creditors Holding U Check one: | Insecured Priority Claims |
| | ٠. |
| Creditor(s) adde | |
| Creditor(s) delet | |
| Schedule F - Creditors Holding U | |
| Check one: | onsecuted Nonpitority Claims |
| Creditor added | |
| NO creditor(s) a | dded |
| Creditor(s) delet | |
| Schedule G - Executory Contract | |
| Check one: | · · · · · · · · · · · · · · · · · · · |
| Creditor(s) adde | d |
| NO creditor(s) a | |
| Creditor(s) delet | |
| Schedule H - Codebtors | |
| x Schedule I - Current Income of In | |
| x Schedule J - Current Expenditure | s of Individual Debtor(s) |
| Statement of Financial Affairs | |

Case 22-70242-JAD Doc 49 Filed 09/23/22 Entered 09/23/22 15:14:10 Desc Main Document Page 2 of 6

| | Chapter 7 Individual Debte Chapter 11 List of Equity 5 Chapter 11 List of Creditor Disclosure of Compensation | ecurity Holders s Holding 20 Largest Unsecured Claims | |
|-------|--|--|--|
| , | Other | 101 Audiney for Debion | |
| | - Outer | | |
| Date: | 09/23/2022 | /s/ Timothy J. Sloan Attorney for Debtors | |
| | | 171 Lovell Avenue, Suite 202 | |
| | | Ebensburg, PA 15931 | |
| | | PA ID# 49728 | |
| | | FA 10# 47/40 | |

| | | | • | | | | | | | • |
|--|---|----------------------------|---|---------------|-----------|---|-------------------------|--------------|----------------|----------|
| FIII | in this information to identify your ca | ese: | - | | | | | | | |
| Deb | otor 1 Terry M. Zerr | nick | ··· ··· | | | _ | | | | |
| 1 | otor 2 Joshua P. Ze | rnick | | | | | | ; | | |
| Ųnii | ted States Bankruptcy Court for the: | WESTERN DISTRICT | OF PEN | INSYLVANIÁ | | _ | | | | |
| Cas | se number 22-70242 | | | | | 1 - | heck If this is: | | | |
| (lf kri | iown) | | | | | | An amende A suppleme | | postpetition | chapter |
| <u></u> | | | ٠ | | | | | | lowing date: | , |
| 0 | fficial Form 106I | | ٠. | | | | MM / DD/ Y | ΎΥΥ | | |
| S | chedule I: Your Inco | ome | | | • | | | | | 12/15 |
| sup | is complete and accurate as possiblying correct information. If you use, if you are separated and you ch a separate sheet to this form. | are married and not till | ng jointiy | /, and your s | pouse : | nation ab | out your spo | ouse. If mo | re space is r | reeded, |
| 1. | Fill in your employment information. | | Delato | | | | don't et | er own sill | ngsprude | |
| | If you have more than one job, | Employment status | ≡ Em | ployed | | | ■ Empl | oyed | - | |
| | attach a separate page with Information about additional | Employment status | ☐ Not employed | | | ☐ Not employed | | | | |
| | employers. | Occupation | DSP | | | | Training Supervisor | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Skills of Central PA | | | Skills of Central PA | | | | |
| Occupation may include student Employer's address or homemaker, if it applies. | | Employer's address | 341 Science Park Road Suite 6 State College, PA 16803 | | | 341 Science Park Road Suite 6 State College, PA 16803 | | | | |
| | | How long employed t | here? | 6 years | | | 1 | 8 years | | |
| Par | t 2: Give Details About Mon | ithly income | | | | | | | | |
| Esti: spou | mate monthly income as of the da use unless you are separated. | ate you file this form. If | you have | nothing to re | port for | eny line, v | vrite \$0 in the | space. Incl | ude your non | -filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine th | e information | for all e | mployers | for that perso | n on the lin | es below. If y | rou need |
| | | | | | | | | | | • |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, o | | | | 2. | \$ | 3,298.38 | \$ | 4,511.82 | |
| 3. | Estimate and list monthly overti | me pay. | | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross income. Add lin | e 2 + line 3. | | | 4. | \$3 | 3,298.38 | \$_4 | ,511.82 | |

Case 22-70242-JAD Doc 49 Filed 09/23/22 Entered 09/23/22 15:14:10 Desc Main Document Page 4 of 6

| Debte Debte | | Terry M. Zernick Joshua P. Zemick | | С | ese number (If known) | 22-70 |)242 | | |
|----------------|--|---|--|-----|---|----------------|----------------------------|---|--------------|
| | Cop | y line 4 here | 4. | | \$ 3,298.38 | #62 \$ | Delahor Giling Si 4, | 2101 244034 511.82 | ă |
| 5. | ist | all payroll deductions: | | | | | | | |
| • | 5a. 5b. 5c. 5d. 5e. 5f. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations | 5a. 5b. 5c. 5d. 5e. 5f. | ; | \$ 618.89 \$ 32.98 \$ 164.92 \$ 0.00 \$ 355.41 \$ 0.00 | \$ | | 853.49 45.12 225.60 0.00 496.86 0.00 | |
| | 5g. | Union dues | 5g. 5h | | \$ 0.00 \$ 0.00 | * \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | — | + . | | * *_ | 4 : | 621.07 | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. 7 | i c | \$ <u>1,172.20</u> | * \$ | | 890.75 | _ |
| 7. 8. | | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 7. 8a. | | \$ <u>2,126.18</u> \$ 0.00 | \$ | | 0.00 | |
| | 8b. | monthly net income. Interest and dividends | 8b. | | \$ 0.00 | \$ | | 0.00 | |
| | 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | 8c. 8d. 8e. | | \$ 0.00 \$ 0.00 \$ 0.00 | \$ \$ \$ | | 0.00 |) |
| | | Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ 0.00 | \$ | | 0.00 | 1 |
| | 8g. | Pension or retirement income | – 8g. | | \$ 0.00 | - š | | 0.00 | |
| | 8h. | Other monthly income, Specify: | 8h | | \$ 0.00 | · · | | 0.00 | _ |
| 9. | Ado | all other Income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | | 0.0 | 00 |
| | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | ; | 2,126.18 + \$ | 2,8 | 90.75 | = \$ | 5,016.93 |
| | inch othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | • • | , | ichedule 11. | | 0.00 |
| | | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certali</i> lies | | | | | 12. | \$ | |
| 13. | Do 1 | you expect an Increase or decrease within the year after you file this form | ? | | | | | month | ly income |
| | | No. | | | | | | | |
| | | Yes. Explain: | | | | | | | |

| | | | | · | | | |
|---|---|--------------------------|--|---|---------------------------------------|--|--|
| Fill in this inform | ation to ident fy yo | ur case: | | | | | |
| Debter 1 | Torne M. Zorni | ick | | | Che | eck if this is: | • |
| Debtor 1 Terry M. Zernick | | | | | S | An amended filing | • |
| Debtor 2 (Spouse, if filing) | Joshua P. Zer | nick | | | | A supplement show 13 expenses as of t | ing postpetition chapter he following date: |
| United States Ban | krunter Court for the: | WESTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | |
| | | ***** | ······································ | , | | | |
| Case number (if known) | 22-70242 | , | · | | | | |
| Official F | orm 106J | | | | | | |
| Schedul | e J: Your I | Exper | ises | | _ | | 12/15 |
| information. If number (if kno | more space is ne wn). Answer ever | eded, atta y questio | If two married people and chanother sheet to this form. | e filing together, both form: On the top of an | are eq y addit | ually responsible to ional pages, write y | r supplying correct our name and case |
| Part 1: Des 1. Is this a jo | cribe Your House oint case? | noia | , | | | | |
| □ No. Go | | | | | | | |
| Yes, D | oes Debtor 2 live i | n a separ | ate household? | | | | |
| | No Yes. Debtor 2 mus | it file Offici | al Form 106J-2, Expenses | for Separate Househol | ld of De | btor 2. | |
| 2. Do you ha | ve dependents? | ■ No | | | | | |
| • | Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relations Debtor 1 or Debtor 2 | - | Dependent's age | Does dependent live with you? |
| Do not sta | te the | | | | | anisis producero accompanion construction | □ No |
| dependent | ts names. | | | | | | ☐ Yes |
| | | | | | | | □ No □ Yes |
| | | | | | | | □ res |
| | | | | | | | □ Yes |
| | | | | | · · · · · · · · · · · · · · · · · · · | | □ No |
| | | | | | | | ☐ Yes |
| expenses | xpenses include of people other th nd your depender | ıan 🚐 | No Yes | | | | |
| | mate Your Ongoir | | | | | | |
| | f a date after the b | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| include expens the value of su (Official Form | ch assistance and | ion-cash (t have inc | government assistance if duded it on <i>Schedule I:</i> Y | you know our income | | Gurean | ORBS |
| | or home owners! and any rent for the | | ses for your residence. In r lot. | nclude first mortgage | 4. | \$ | 0.00 |
| If not incl | uded in line 4: | | | | | | |
| 4a. Rea | i estate taxes | | | | 4a. | \$ | 0.00 |
| | perty, homeowner's | s, or renter | 's insurance | | 4b. | \$ | 0.00 |
| | ne maintenance, re | | | | | \$ | 185.00 |
| | neowner's associat | | | mo anuite la ar- | 4d. 5. | \$ | 00.0 |
| 5. Additions | il mortgage pavme | ents for v | our residence, such as ho | me equity loans | ٥. | Ψ | 0.00 |

Case 22-70242-JAD Doc 49 Filed 09/23/22 Entered 09/23/22 15:14:10 Desc Main Document Page 6 of 6

| Debi | tor 1 tor 2 | Terry M. Z Joshua P | Zernick . Zernick | Case numi | ber (if known) | 22-70242 | | | | |
|------|---------------------------------|---------------------------------|--|--|-----------------------------|-------------------------------|--|--|--|--|
| 6. | Utiliti | | | 6 a . | \$ | 398.00 | | | | |
| | 6a. | | heat, natural gas | 6b. | \$ | 120.00 | | | | |
| | 6b. | Water, sev | ver, garbage collection | 6c. | \$ | 355.00 | | | | |
| | 6¢. | Telephone | , cell phone, Internet, satellite, and cable services | 6d. | \$ | 0.00 | | | | |
| | 6d. | Other, Spe | | 7. | \$ | 650.00 | | | | |
| 7. | Food | and house | ekeeping supplies | . 8. | \$ | 0.00 | | | | |
| 8. | | | hildren's education costs | 9. | \$ | 150.00 | | | | |
| 9. | Cloth | ilng, laundi | ry, and dry cleaning | 10. | \$ | 95.00 | | | | |
| 10. | Perso | onal care p | roducts and services | | | 130.00 | | | | |
| 11. | 11. Medical and dental expenses | | | | | | | | | |
| 12. | Trans | sportation. | Include gas, maintenance, bus or train fare. | 12. | \$ | 400.00 | | | | |
| | До по | ot include c | ar payments. | 13. | \$ | 135.00 | | | | |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 14. | \$ | 60.00 | | | | |
| 14. | | | ributions and religious donations | , | | | | | | |
| 15. | Insu | rance. ot include in | nsurance deducted from your pay or included in lines 4 or 2 |). | | | | | | |
| | | Life insura | | 15a. | \$ | 0.00 | | | | |
| • | | Health ins | | 15b. | \$ | 0.00 | | | | |
| | | Vehicle In | | 15c. | \$ | 161.00 | | | | |
| | | | rance. Specify: | 15d. | \$ | 0.00 | | | | |
| 16. | | s. Do not in | clude taxes deducted from your pay or included in lines 4 c | r 20. 16. | \$ | 0.00 | | | | |
| 17, | Insta | Illment or k | ease payments: | | _ | | | | | |
| | | | ents for Vehicle 1 | 17a. | | 0.00 | | | | |
| • | | | ents for Vehicle 2 | 17b. | · : ——— | 0.00 | | | | |
| | | Other, Spe | | 17c. | \$ | 0.00 | | | | |
| | | Other. Spe | | 17d. | \$ | 0.00 | | | | |
| | dedu | icted from | of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official Fo | | : | 0.00 | | | | |
| 19. | | | s you make to support others who do not live with you. | 40 | \$ | 0.00 | | | | |
| 200 | Spec | | | 19. | | | | | | |
| ZU. | | | erty expenses not included in lines 4 or 5 of this form of s on other property | r on Sc <i>nedule I: 10</i> 20a. | | 0.00 | | | | |
| | | Real estat | the state of the s | 20b. | · , | 0.00 | | | | |
| | | | homeowner's, or renter's insurance | . 20c. | | 0.00 | | | | |
| | | | nce, repair, and upkeep expenses | 20d. | | 0.00 | | | | |
| | | | er's association or condominium dues | 20e. | | 0.00 | | | | |
| 21. | | r: Specify: | pet food / veternarian | | +\$ | 110,00 | | | | |
| | | , , | monthly expenses | | | 7,10,00 | | | | |
| | 22a | Add lines 4 | through 21. | | \$ | 2,949.00 | | | | |
| | 22b. | Copy line 2: | 2 (monthly expenses for Debtor 2), if any, from Official Forn | 10 6 J-2 | \$ | | | | | |
| | 22c. / | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 2,949.00 | | | | |
| 23. | Calc | ulate your i | monthly net income. | | | - | | | | |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | · 23a. | \$ | 5,016.93 | | | | |
| | 23b. | Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 2,949.00 | | | | |
| | 23c. | | our monthly expenses from your monthly income. is your monthly net income. | 23c. | \$ | 2,067.93 | | | | |
| 24. | For ex | cample, do yo ication to the | an increase or decrease in your expenses within the yea ou expect to finish paying for your car loan within the year or do you terms of your mortgage? | ar after you file this expect your mortgage | s form? payment to incre | ease or decrease because of a | | | | |
| | □ Ye | | Explain here: | | | | | | | |
| | | | | | | | | | | |